



**APPLICATION FOR REGISTRATION AS A
FUNERAL DIRECTOR/EMBALMER INTERN**

FOR VALIDATION ONLY

- ☐ Funeral Director Intern ☐ Embalmer Intern
☐ Original Application ☐ Reinstatement
☐ Transfer of Registration (Must have completed training certification)

Please type or print clearly in dark ink

**Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048**

Applicant's Name _____ Date of Birth _____ Gender (F or M) _____

Address _____
IF YOU ARE CONCERNED ABOUT PUBLIC ACCESS TO THIS INFORMATION, YOU MAY USE A MAILING OR BUSINESS ADDRESS HERE

City _____ State _____ Zip _____ County _____

Daytime Telephone No. (_____) _____ Social Security No.* _____

**State law, RCW 26.23.150, requires you to furnish your Social Security Number when you apply for this license. Resident aliens, without a Social Security Number, must furnish their Individual Tax Identification Number.*

Have you ever been known under any other name? ☐ YES ☐ NO
If yes, list name(s) _____

If this is a transfer/reinstatement application:
Provide full name of previous supervisor _____
Provide name of previous funeral home where employed _____

Note: The funeral director and embalmer professions are regulated under RCW 18.39. For each "Yes" response below, please attach a letter of explanation, certified copies of records and orders from the agencies concerned, decisions and statements of charges, final orders, court records or filings or convictions, and all other related documentation.

1. Within the past ten years, have you been convicted of a crime, misdemeanor or felony in this state, or any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO
2. Excluding traffic citations, within the past ten years, have you been found guilty in a criminal, civil, administrative agency, professional association or certifying agency disciplinary action, or have you agreed to a stipulation or settlement resulting from a disciplinary action? ☐ YES ☐ NO
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO
4. Do you presently have a criminal complaint or indictment pending against you in this state, any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO

ATTESTATION

I, the undersigned, certify that I am the person referred to in this application for registration as a funeral director intern and/or embalmer intern in Washington. I hereby authorize all institutions or organizations, employers (*past and present*), business and professional associates (*past and present*), and all government agencies (*local, state, federal, or foreign*) to release to the Board of Funeral Directors and Embalmers any information, files or records requested by the board in connection with the processing of this application.

I have read RCW 18.235.130, and I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. **Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my registration to practice as a funeral director intern and/or embalmer intern in Washington State.**

DATE AND PLACE SIGNED _____

X

APPLICANT'S SIGNATURE _____

If application information is incomplete, the application will not be processed.

FOR EMBALMER AND FUNERAL DIRECTOR INTERNS



For embalmer interns – to be completed by current supervisor

EMPLOYER/SUPERVISOR NAME <i>(Washington Licensed Embalmer – Last Name, First Name, and Middle Initial)</i>		
NAME OF FUNERAL HOME		
FUNERAL HOME ADDRESS <i>(Street, City, State, and Zip)</i>		
SUPERVISOR'S WASHINGTON STATE REFERENCE NO. <i>(As it Appears on License)</i>	EXPIRATION DATE	FUNERAL HOME TELEPHONE NO. ()

I request that _____ be registered under my supervision beginning
on _____ . I intend to place this individual under my supervision as an intern in training in
accordance with Chapter 18.39 RCW.

Supervisor's Signature **X** _____

FOR OFFICE USE ONLY		
2 4 0 0 1		CERT DATE
		CERT NO.

For funeral director interns – to be completed by current supervisor

EMPLOYER/SUPERVISOR NAME <i>(Washington Licensed Funeral Director – Last Name, First Name, and Middle Initial)</i>		
NAME OF FUNERAL HOME		
FUNERAL HOME ADDRESS <i>(Street, City, State, and Zip)</i>		
SUPERVISOR'S WASHINGTON STATE REFERENCE NO. <i>(As it Appears on License)</i>	EXPIRATION DATE	FUNERAL HOME TELEPHONE ()

I request that _____ be registered under my supervision beginning
on _____ . I intend to place this individual under my supervision as an intern in training in
accordance with Chapter 18.39 RCW.

Supervisor's Signature **X** _____

FOR OFFICE USE ONLY		
2 4 0 0 3		CERT DATE
		CERT NO.

FOR EMBALMER AND FUNERAL DIRECTOR INTERN TRANSFER APPLICANTS



Embalmer intern training certification – transfer applicants only

If you were registered in the Embalmer Intern Program in Washington, your supervisor must complete this Certification. A Certification must be completed by each supervisor under whom you were registered.

NAME OF SUPERVISOR (<i>Licensed Embalmer – Last Name, First Name, and Middle Initial</i>)
NAME OF FUNERAL ESTABLISHMENT WHERE INTERNSHIP WAS SERVED
ADDRESS (<i>Street, City, State, and Zip</i>)
WASHINGTON STATE EMBALMER REFERENCE NO (<i>As it Appears on License</i>)

I certify that _____
Name and License No. of Apprentice
was under my supervision as an embalmer intern for the period from _____
Month, Day, Year
to _____
Month, Day, Year . He/she embalmed _____ human bodies under my
supervision and completed a total of _____ hours of training.
Supervisor's Signature **X** _____ Date _____

Funeral director intern training certification – transfer applicants only

If you were registered in the Funeral Director Internship Program in Washington, your supervisor must complete this Certification. A Certification must be completed by each supervisor under whom you were registered.

NAME OF SUPERVISOR (<i>Licensed Funeral Director – Last Name, First Name, and Middle Initial</i>)
NAME OF FUNERAL ESTABLISHMENT WHERE INTERNSHIP WAS SERVED
ADDRESS (<i>Street, City, State, and Zip</i>)
WASHINGTON STATE FUNERAL DIRECTOR REFERENCE NO. (<i>As it Appears on License</i>)

I certify that _____
Intern's Name and License No.
was under my supervision as a funeral director intern for the period from _____
Month, Day, Year
to _____
Month, Day, Year . He/she assisted in conducting funerals and assisted in the burial/final
disposition of _____ human remains under my supervision and completed a total of _____ hours of training.
Supervisor's Signature **X** _____ Date _____

APPLICATION INSTRUCTIONS FOR FUNERAL DIRECTOR & EMBALMER INTERN

ORIGINAL REGISTRATION

Page 1 of the application is to be completed in full, either typed or printed legibly in dark ink. The attestation at the bottom of the page must be dated and signed.

Page 2 is to be completed by your current sponsor - one section or both, as applicable.

The appropriate fee must be submitted with your application. Please make your check payable to the Washington State Treasurer.

	ORIGINAL APPLICATION	RENEWAL
Embalmer Intern	\$75.00	\$45.00
Funeral Director Intern	\$75.00	\$45.00

Transfer of Sponsor: No fee

Duplicate License: \$15.00

REINSTATEMENT

Interns whose registrations have been expired for more than one year must pay the original application fees and attest to completion of continuing education if it was due during the time the registration was lapsed.

TRANSFER OF SPONSOR (SUPERVISOR)

Complete pages 1 and 2 as directed above. **Page 3** must be completed by your previous supervisor. This is essential to ensure credit is received for all hours of training under the previous supervisor (*there have been instances when hours were not certified at the time of leaving a supervisor, and due to unforeseen circumstances, the hours could not be certified at a later date*). There is no fee required for transfer of sponsor.

The transfer application must be submitted to the Department of Licensing, by mail or fax, immediately following transfer to a new employer or supervisor. Page 3 can be mailed separately if necessary.

Mail applications to one of the addresses below. If you have any questions, please call (360) 664-1555.

IF SENDING PAYMENT:

Department of Licensing
Funeral and Cemetery Unit
P.O. Box **9048**
Olympia, WA 98507-**9048**

IF **NOT** SENDING PAYMENT:

Department of Licensing
Funeral and Cemetery Unit
P.O. Box **9012**
Olympia, WA 98507-**9012**

FAX: (360) 586-4414

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO THE PUBLIC DISCLOSURE PROVISIONS OF RCW 42.17.**